

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000145982

FILED
Oct 14, 2013
Secretary of State

Entity Name: TMT COMPASSIONATE CARE, L.L.C.

Current Principal Place of Business:

892 POYDRAS LANE WEST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

892 POYDRAS LANE WEST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 46-1007691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROSALYN E
892 POYDRAS LANE WEST
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSALYN E. WILLIAMS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WILLIAMS, ROSALYN E
Address: 892 POYDRAS LANE WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR
Name: WILLIAMS, MARQUISHA S
Address: 2822 VENUS STREET
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROSALYN E. WILLIAMS

MGR

10/14/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date